

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009050

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318  
FILED MAR 14 1963

1003

2550

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
St. Louis, Mo.		St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
4157 Wilmington		4157 Wilmington	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
James B. McNeill		Mar. 5, 1963	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH
male	white		Feb. 10, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country)	
Ret. RR Man		Pennsylvania	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE	
John McNeill		none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT	
none		St. Louis, Mo. Virginia Fogarty 4157 Wilmington	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		8 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		12 months	
DUE TO (b)		151X	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	
		COUNTY	
		STATE	
21. I attended the deceased from		and last saw him alive on	
Death occurred at		m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)		22b. ADDRESS	
John J. McNeill M.D.		6500 Chipewagon	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23d. LOCATION (City, town, or county) (State)	
burial		St. Louis, Mo.	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
Mar. 7, 1963		Calvary Cem.	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
Southern Funeral Home		MAR 6 1963	
6322 S. Grand, St. Louis, Mo.		26. REGISTRAR'S SIGNATURE	
		Paul Smith, M.D.	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Mr John Kennelly

6500 Chippewa

1-5 Au 1-0065

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David Paul Tesson.

Licensed Embalmer No. 4242

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.